



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Shinji HAYASHI
Title: AIRBAG APPARATUS AND COVER
Appl. No.: Unassigned
Filing Date: 08/19/2003
Examiner: Unassigned
Art Unit: Unassigned



UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Shinji HAYASHI

Enclosed are:

- [X] Application Data Sheet (37 CFR 1.76) (2 pages).
- [X] Specification, Claim(s), and Abstract (11 pages).
- [X] Informal drawings (5 sheets, Figures 1-4, 5(a)-5(d), 6-7).
- [X] Declaration and Power of Attorney (3 pages).
- [X] Assignment Recordation Cover Sheet (1 pages).
- [X] Assignment of the invention to TAKATA CORPORATION (2 pages).
- [X] Information Disclosure Statement (2 pages).
- [X] Form PTO/SB/08 (1 page) with copy of 1 listed reference.
- [X] Claim for Convention Priority (1 page) with 1 certified Japanese priority document.

The filing fee is calculated below:

| | Claims as Filed | Included in Basic Fee | Extra Claims | Rate | Fee Totals |
|--|--------------------|--------------------------|-------------------|------------|---------------|
| Basic Fee | | | | \$750.00 | \$750.00 |
| Total | 13 | - 20 | = 0 | x \$18.00 | = \$0.00 |
| Claims: | | | | | |
| Independent | 3 | - 3 | = 0 | x \$84.00 | = \$0.00 |
| ts: | | | | | |
| If any Multiple Dependent Claim(s) present: | | | + \$280.00 | = \$0.00 | |
| | | | SUBTOTAL: | = \$750.00 | |
| [] Small Entity Fees Apply (subtract 1/2 of above): | | | = \$0.00 | | |
| | | | TOTAL FILING FEE: | = \$750.00 | |
| Assignment Recordation Fee: | | | + \$40.00 | = \$40.00 | |
| | | | TOTAL FEE | = \$790.00 | |

- [X] A check in the amount of \$790.00 to cover the filing fee and fee for recordation of Assignment is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: August 19, 2003

By Michael D. Kaminski

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